



1753\$

PTO/SB/21 (04-04)

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Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/074,347
		Filing Date	February 12, 2002
		Inventor	Charles E. Taylor et al.
		Group Art Unit	1753
		Examiner Name	Rodney G. McDonald
Total Number of Pages in This Submission (Excluding References & ISR)	26	Attorney Docket Number	SHPR-01028US5

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Certificate of Mailing	<input type="checkbox"/> Formal Drawings	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Fee Transmittal with Deposit Account Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Check for \$744.00	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Itemized Postcard
<input checked="" type="checkbox"/> Fourth Information Disclosure Statement, PTO-1449, 18 References	<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Request for RCE	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Declaration	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Application Data Sheet		
		Remarks: Fourth Information Disclosure Statement filed herewith is being filed on the same date as an electronic Information Disclosure Statement. The \$180 fee is being paid herewith; therefore, no fee is due for the electronic Information Disclosure Statement filed on June 30, 2004 for this application.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Fliesler Meyer LLP Jeffrey R. Kurin, Reg. No. 41,132
Signature	
Date	June 30, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date below.			
Typed or printed name	Linda Saunders		
Signature		Date	June 30, 2004

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2004

# FEE TRANSMITTAL

## TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$ 744.00)**

### Complete if Known

Application Number	10/074,347
Filing Date	February 12, 2002
Inventor	Charles E. Taylor et al.
Group Art Unit	1753
Examiner Name	Rodney G. McDonald
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### METHOD OF PAYMENT

#### 1. The Commissioner is hereby authorized to:

- ☐ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.<sup>†</sup>
- ☐ Applicant claims small entity status. See 37 CFR 1.27.

Deposit Account Number: 06-1325  
Deposit Account Name: Fliesler Meyer LLP

#### 2. ☒ Payment Enclosed: [X] Check [ ] Other

### FEE CALCULATION (fees effective 10/1/01)

#### 1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1001/\$770	2001/\$385	Utility Filing	<input type="checkbox"/>
1002/\$330	2002/\$165	Design Filing	<input type="checkbox"/>
1004/\$750	2004/\$375	Reissue	<input type="checkbox"/>
1005/\$160	2005/\$80	Provisional Filing	<input type="checkbox"/>
SUBTOTAL (1)			<b>(\$ 0)</b>

#### 2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
1202/\$18	2202/\$9	Claims in excess of 20
1201/\$86	2201/\$43	Independent claims in excess of 3
1203/\$280	2203/\$140	Multiple dependent claim
1204/\$86	2204/\$43	Reissue independent claims over original patent
1205/\$18	2205/\$9	Reissue claims in excess of 20 and over original patent

#### 3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1051/\$130	2051/\$65	Surcharge - late filing fee or oath	<input type="checkbox"/>
1052/\$50	2052/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
1812/\$2,520	1812/\$2,520	For filing a request for reexamination	<input type="checkbox"/>
1251/\$110	2251/\$55	Extension for response within first month <sup>†</sup>	<input type="checkbox"/>
1252/\$420	2252/\$210	Extension for response within second month <sup>†</sup>	<input type="checkbox"/>
1253/\$950	2253/\$475	Extension for response within third month <sup>†</sup>	<input type="checkbox"/>
1254/\$1,480	2254/\$740	Extension for response within fourth month <sup>†</sup>	<input type="checkbox"/>
1255/\$1,970	2255/\$985	Extension for response within fifth month <sup>†</sup>	<input type="checkbox"/>
1401/\$320	2401/\$160	Notice of Appeal	<input type="checkbox"/>
1453/\$1,300	2453/\$650	Petition to revive unintentionally abandoned application	<input type="checkbox"/>
1501/\$1,330	2501/\$665	Utility Issue Fee (Or Reissue)	<input type="checkbox"/>
1502/\$470	2502/\$235	Design Issue Fee	<input type="checkbox"/>
1460/\$130	1460/\$130	Petitions to the Commissioner	<input type="checkbox"/>
1814/\$110	2814/\$55	Statutory Disclaimer	<input type="checkbox"/>
1806/\$180	1806/\$180	Submission of Information Disclosure Statement	<b>180</b>
8021/\$40	8021/\$40	Recording each patent assignment per property (times number of properties)	<input type="checkbox"/>
1809/\$750	2809/\$375	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="checkbox"/>
1801/\$770	2801/\$385	Request for Continued Examination (RCE)	<input type="checkbox"/>
Other fee (specify):			<input type="checkbox"/>
Other fee (specify):			<input type="checkbox"/>
SUBTOTAL (3)			<b>(\$ 180)</b>

(Col. 1)		(Col. 2)		(Col. 3)		Fee		Fee Due	
For	No. of Existing Claims	Highest No. Previously Paid For		Extra**					
TOTAL	55	20 or 38	minus*	17	x	18	=	306	
INDEP	7	3 or 4	minus*	3	x	86	=	258	
[ ] First presentation of multiple dependent claim								=	0

\* Subtract the greater number of Col. 2

\*\* If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) **(\$ 564)**

### SUBMITTED BY

Typed or Printed Name **Jeffrey R. Kurin**

Signature

*Jeffrey R. Kurin*

### Complete (if applicable)

Reg. Number **41,132**

Date

**June 30, 2004**